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CUDWORTH
URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE
MEDICAL OFFICER
OF HEALTH
AND THE
SANITARY INSPECTOR

FOR THE YEAR ENDED 31st DECEMBER, 1953

MEDICAL OFFICER OF HEALTH:
R. S. HYND, M.B., Ch.B., D.P.H.

SANITARY INSPECTOR:
MAURICE BENNETT



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C U D W O R T H

U R B A N D I S T R I C T C O U N C I L

A N N U A L R E P O R T

O F T H E

M E D I C A L O F F I C E R O F H E A L T H

A N D T H E

S A N I T A R Y I N S P E C T O R

F O R T H E Y E A R 1953.

CUDWORTH URBAN DISTRICT COUNCIL.

M E M B E R S

Chairman: Councillor E. Burkinshaw, J.P.
Vice Chairman: Councillor S. Hearne.
Councillor B. Bateman.
Councillor W.C. Batty.
Councillor E. Burns.
Councillor Dr. J. Lyon Foster.
Councillor J. Gillespie.
Councillor M. Glover.
Councillor H. Myatt.
Councillor J.W. Reece.
Councillor H.B. Richards.
Councillor W. Smith.

MEDICAL OFFICER OF HEALTH

January to May:

J. R. Murdock, (Mod), B.A., M.D., D.P.H., D.C.H.

June to December:

R. S. Hynd, M.B., Ch.B., D.P.H.

SANITARY INSPECTOR

Maurice Bennett.

CUDWORTH URBAN DISTRICT COUNCIL

Divisional Health Office,
6, Victoria Road,
BARNSELEY.

September, 1954.

ANNUAL REPORT
for the year ended 31st December, 1953.

To the Chairman and Members of the
Cudworth Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1953.

The report is compiled from statistics collected partly during the period of office of my predecessor, Dr. J.R. Murdock, and my comments will be minimal and in the main explanatory. The general outline of the report has been somewhat altered from the form of presentation in the past and includes a survey of the health services for which the County Council is the administrative authority. A brief comment upon the hospital arrangements has also been included to complete the picture of the total health services available to the district.

The vital statistics were on the whole satisfactory and call for little comment. The incidence of infectious diseases was much lower than in 1952 and in particular there was a marked decline both in Measles and Whooping Cough.

I should like to express my appreciation of the interest, co-operation and support, which has always been shown to me by the Members and Officials of the Council alike.

I am,
Your obedient Servant,

R. S. HYND.

Medical Officer of Health.

URBAN DISTRICT OF CUDWORTH

Statistics and Social Conditions

Area	1,746 acres.
Registrar General's estimate of population mid 1953	8,779.
No. of inhabited houses according to the Rate Book 1st April, 1954	2,502.
Rateable Value, 1st April, 1954 ...	£32,002.
Nett Product of a Penny Rate 1953/54	£119:13:4d.

The principal occupations of the inhabitants of the district are coal-mining and railway transport. Two small textile factories help to give employment to the female members of the community, always a difficult problem in an area mainly associated with heavy industry.

VITAL STATISTICS

Live Births

	Males	Females	Total
Legitimate	92	75	167
Illegitimate	3	3	6

The number of live births registered showed a decrease of 19 from the previous year. 52% of the mothers were confined in hospital as compared with 58% in 1952. The Registrar General supplied a comparability factor which relates the proportion of women in the district of child-bearing age with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted birth rate which is comparable with adjusted birth rates in other districts and with the birth rates for the country as a whole. The adjusted birth rate for your district last year was 20.0 per 1,000 estimated population as compared with 22.0 per estimated population in 1952 and with 15.5 per 1,000 estimated population for England and Wales. The excess of births over deaths, or the natural increase of population, was 81 as compared with 103 for the previous year.

Premature Births

7 babies were born prematurely last year, 6 of whom were born in hospital. All but one of these babies survived and prospered and considering the feebleness of premature babies at birth the high survival rate is encouraging and speaks well for the medical and nursing care.

Still Births

5 still births were notified last year as compared with 4 in 1952. The still birth rate was 29.1 per 1,000 total live and still births as compared with 21.9 per 1,000 total births in 1952 and with 22.4 per 1,000 total births for England and Wales.

Deaths

The adjusted death rate, which is the crude death rate multiplied by the comparability factor, was 12.0 per 1,000 estimated population as compared with 11.2 per 1,000 estimated population in 1952 and with 11.4 per 1,000 estimated population for England and Wales. There were 86 deaths among the inhabitants of your district during the year as against 80 deaths in the previous year, the increase affecting both sexes. The principal causes of death in order of numerical importance were: heart and circulatory diseases, cancer, respiratory diseases. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

Infantile Mortality

Fluctuations in the annual infantile mortality rates are the common and perhaps inevitable experience of small urban districts. A small variation in the annual number of infant deaths will obviously have a greater effect on the infantile mortality rate in small districts than in large cities for the total number of births is so infinitely less in the one than the other. Again, and particularly in the smaller districts, fluctuations in the annual infantile mortality rate must be expected so long as certain infant deaths are due to causes over which we have little control. It is well then in considering the infantile mortality rate to consider in detail the causes of death.

Last year there were four infant deaths, two of which were due to congenital abnormalities, in one further complicated by prematurity. These are the deaths, which with our present medical knowledge, cannot be avoided for the congenital causes of death cannot properly be eliminated or controlled. The infantile mortality rate last year was 24.0 per 1,000 live births as compared with 16.4 for the previous year and with 26.8 for England and Wales. Over the quinquennial period 1949 - 1953 the infantile mortality rate was 26.1 per 1,000 live births which compares favourably with the rate for England and Wales and even more favourably with the rate for the urban areas of the country. This happy state of affairs has, I am certain, a direct relationship to the well attended maternity and child welfare clinics about which I have more to say later in the report.

Maternal Mortality

I am glad to report that no death occurred last year due to maternal causes.

INFANTILE MORTALITY IN 1953

Nett deaths from stated causes under one year of age.

<u>Cause of Death</u>	<u>Under one week</u>	<u>1 - 2 weeks</u>	<u>2 - 3 weeks</u>	<u>3 - 4 weeks</u>	<u>Total under 4 weeks</u>	<u>1 - 3 months</u>	<u>3 - 6 months</u>	<u>6 - 9 months</u>	<u>9 - 12 months</u>	<u>Total under 1 year</u>
Jaundice and Prematurity	-	-	-	-	-	1	-	-	-	1
Congenital heart disease	-	-	-	-	-	-	1	-	-	1
Broncho Pneumonia	-	-	-	-	-	-	-	1	-	1
Haemorrhagic Measles	-	-	-	-	-	-	-	-	1	1
	-	-	-	-	-	1	1	1	1	4

CAUSES OF DEATH 1953.

	<u>Males</u>	<u>Females</u>	<u>TOTAL</u>
1. Tuberculosis, Respiratory.	-	1	1
2. Tuberculosis, Other..	-	-	-
3. Syphilitic Disease	-	-	-
4. Diphtheria.	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal Infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	1	-	1
9. Other infective & parasitic diseases	-	-	-
10. Malignant Neoplasm, Stomach	1	1	2
11. Malignant Neoplasm, Lung, Bronchus .	1	-	1
12. Malignant Neoplasm, Breast	-	1	1
13. Malignant Neoplasm, Uterus	-	2	2
14. Other Malignant & Lymphatic Neoplasms	2	3	5
15. Leukaemia, Aleukaemia	-	1	1
16. Diabetes	-	-	-
17. Vascular Lesions of Nervous System	12	3	15
18. Coronary Disease, Angina	7	4	11
19. Hypertension with Heart Disease ...	-	-	-
20. Other Heart Disease	5	10	15
21. Other Circulatory Disease	2	2	4
22. Influenza	1	-	1
23. Pneumonia	-	2	2
24. Bronchitis	4	1	5
25. Other diseases of the Respiratory System	-	-	-
26. Ulcer of Stomach and Duodenum	1	-	1
27. Gastritis, Enteritis and Diarrhoea .	-	-	-
28. Nephritis and Nephrosis	-	-	-
29. Hyperplasia of Prostate	-	-	-
30. Pregnancy, Childbirth, Abortion ...	-	-	-
31. Congenital Malformations	2	-	2
32. Other defined and ill-defined diseases.	3	8	11
33. Motor Vehicle Accidents	-	-	-
34. All other accidents	2	1	3
35. Suicide	1	1	2
36. Homicide and operations of war ...	-	-	-
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All causes	45	41	86
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Birth Rates, Death Rates, Analysis of Mortality,
Maternal Mortality and Case-Rates for certain
Infectious Diseases in the Year 1953.
Provisional figures based on Quarterly Returns.

	Cudworth U. D.	England and Wales	160 County Boroughs & Great Towns (including London)	160 Smaller Towns (resident population 25,000 - 50,000 at 1951 Census)	London Admini- strative County
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Rates per 1,000 Home Population

Births:

Live Births
Still Births
	20.0	15.5	17.0	15.7	17.5
	0.57	0.35	0.43	0.34	0.38

Deaths:

All Causes	...	...	...	...	...
Typhoid and Para-Typhoid	...	...	...	...	...
Whooping Cough	...	...	...	...	...
Diphtheria	...	...	...	...	...
Tuberculosis	...	...	...	...	...
Influenza	...	...	...	...	...
Smallpox	...	...	...	...	...
Acute Poliomyelitis (including Polio-encephalitis	...	...	...	...	...
Pneumonia	...	...	...	...	...
	12.0	11.4	12.2	11.5	12.5
	-	0.00	0.00	-	-
	-	0.01	0.01	0.00	0.00
	-	0.00	0.00	0.00	-
	0.11	0.20	0.24	0.19	0.24
	0.11	0.16	0.15	0.17	0.15
	-	0.00	0.00	0.00	-
	-	0.01	0.01	0.01	0.01
	0.22	0.55	0.59	0.52	0.64

Notifications: (Corrected):

Typhoid	...	...	...	...	...
Para-Typhoid	...	...	...	...	...
Meningococcal Infection	...	...	...	...	...
Scarlet Fever	...	...	...	...	...
Whooping Cough	...	...	...	...	...
Diphtheria	...	...	...	...	...
	-	0.00	0.00	0.00	0.01
	-	0.01	0.01	0.01	0.01
	-	0.03	0.04	0.03	0.03
	1.43	1.39	1.50	1.44	1.02
	0.22	3.58	3.72	3.38	3.30
	-	0.01	0.01	0.01	0.00

Erysipelas	...	...	...	...	0.22	0.14	0.14	0.13	0.12
Smallpox	...	...	...	...	-	0.00	0.00	0.00	-
Measles	...	...	...	...	9.84	12.36	11.27	12.32	8.09
Pneumonia	...	...	...	...	1.32	0.84	0.92	0.76	0.73
Acute Poliomyelitis (including Polio-encephalitis):									
Paralytic	...	...	...	...	-	0.07	0.06	0.06	0.07
Non-Paralytic	...	...	...	...	-	0.04	0.03	0.04	0.03
Food Poisoning	...	...	...	...	0.55	0.24	0.25	0.24	0.38

Rates per 1,000 Live Births

Deaths:

All causes under 1 year of age	24.0	26.8	30.8	24.3	24.8
Enteritis and Diarrhoea under 2 years of age	-	1.1	1.3	0.9	1.1

Rates per 1,000 (Total Live and Still) Births

Notifications (Corrected):

Puerperal Fever and Pyrexia	-	18.23	24.33	12.46	28.61
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MATERNAL MORTALITY IN ENGLAND AND WALES

	<u>Intermediate List Number and Cause</u>	<u>No. of Deaths</u>	<u>Rates per 1,000 Total (Live and Still) Births</u>	<u>Rates per million women aged 15 - 44.</u>
A 115	Sepsis of pregnancy, child- birth and the puerperium ...	68	0.10	
	Abortion with toxæmia ...	7	0.01	1
A 116	Other toxæmias of pregnancy and the puerperium	166	0.24	
A 117	Haemorrhage of pregnancy and childbirth	90	0.13	
A 118	Abortion without mention of sepsis or toxæmia	30	0.04	3
A 119	Abortion with sepsis	39	0.06	4
A 120	Other complications of pregnancy, childbirth and the puerperium	125	0.18	

DEATHS IN AGE GROUPS

	<u>Males</u>	<u>Females</u>	<u>TOTAL</u>
Under 1 year	2	2	4
1 - 5 years	-	-	-
5 - 10 years	1	-	1
10 - 15 years	-	-	-
15 - 20 years	-	-	-
20 - 25 years	-	-	-
25 - 35 years	1	-	1
35 - 45 years	2	-	2
45 - 55 years	3	2	5
55 - 65 years	11	12	23
65 - 70 years	2	4	6
70 - 75 years	10	4	14
75 - 80 years	10	7	17
80 - 85 years	2	7	9
85 - 90 years	-	3	3
90 years and over	1	-	1
All Causes	45	41	86

PRINCIPAL VITAL STATISTICS FOR THE YEAR

1953

Based on the Registrar General's Figures

	<u>Cudworth</u> <u>Urban</u> <u>District</u>	<u>Aggregate</u> <u>W. Riding</u> <u>Urban</u> <u>Districts</u>	<u>West</u> <u>Riding</u> <u>Admin.</u> <u>County</u>	<u>England</u> <u>and Wales</u> <u>(provisional</u> <u>figures)</u>
Birth Rate per 1,000 estimated population:				
Crude	19.0	15.4	15.7	15.5
Adjusted	20.0	15.5	16.0	
Death Rate per 1,000 estimated population:				
Crude	9.8	12.5	11.6	11.4
Adjusted	12.0	12.6	12.1	
Infective and Parasitic Diseases excluding Tuber- culosis but including Syphilis and other Venereal Diseases	0.11	0.09	0.08	Not available
Tuberculosis, respiratory ...	0.11	0.17	0.16	0.18
Tuberculosis, other forms ...	0	0.02	0.02	0.02
Cancer	1.37	1.99	1.88	1.99
Vascular Lesions of the Nervous System	1.71	1.96	1.76	Not available
Heart and Circulatory Diseases	3.42	4.63	4.26	Not available
Respiratory Diseases	0.91	1.39	1.30	Not available
Maternal Mortality (per 1,000 live and still births)	0	0.38	0.51	0.76
Infant Mortality (per 1,000 Live Births) ...	24.0	27.6	29.2	26.8
Still Births (Rate per 1,000 total Live and still births)	29.1	25.0	24.7	22.4

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The provision of residential accommodation for the aged and infirm and for those in need of care and attention rests with the County Council. Requests for such accommodation last year were few and most of the applicants were found suitable vacancies without delay. There was some shortage of ground floor accommodation in the hostels for those older patients whose infirmities prevented them from climbing stairs. These patients might be classified as "border-line" cases between the aged infirm group and the aged sick and herein lies a difficulty, for the responsibility for the aged infirm rests with the local health authority, whereas the responsibility for the aged sick rests with the Regional Hospital Board. It is this group of aged people who require ground floor hostel accommodation and an increase in the number of applicants from this group for residential accommodation was apparent. Happily, there has been established between the local health authority and the Hospital Management Committee a close understanding on the health and welfare of the aged, and in consequence difficulties in deciding whose responsibility for the residential care of the "border-line group" of aged persons seldom occurred.

I am glad to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act 1946.

The hospital needs of the acute sick and of maternity patients, both as regards in-patient and out-patient treatment were, as usual, well provided for by the Sheffield and Barnsley hospitals. The arrangements for hospital treatment for those suffering from infectious diseases were excellent and vacancies in sanatoria for tuberculous patients were usually obtained without undue delay. Accommodation for the chronic sick, while improved was not always completely adequate and difficulty in obtaining admission was experienced during certain periods of the year. While a seriously ill patient of whatever age or disease is always found immediate hospital accommodation where hospital treatment is essential, it is not always appreciated that the same urgency for hospital admission might arise, not on medical but on social grounds. The old person, living alone, who while not gravely ill nevertheless shows evidence of general physical deterioration, the household caring for the chronic sick patient who becomes further harassed by acute sickness in another member of the household: both of these are instances where admission to hospital is a matter of urgency on social grounds. Until this class of patient can be given hospital admission with as equal expedition as that given to the acute sick there will always be something lacking in the provisions of the hospital services. I would like to write that the hospital accommodation for the mentally defective person was improved last year, but I regret to state it remained unaltered and unsatisfactory. I do not forget that the local health authority has definite responsibility for the health and welfare of the mentally defective, and the effective discharge of that responsibility was made easier by the agreement with the Barnsley County Borough to admit mentally defective children for training in their Occupation Centre. Thirteen such children from the division attended the Centre regularly last year to the mutual benefit of the children and their respective families. Further improvement in the situation may be expected in the future for the County Council has agreed to convert that part of The Gables, Wombwell, until recently used as the Divisional Health Office, into an Occupation Centre. I am certain that the more facilities made available for the training of mentally defective children, particularly in Occupation Centres, the less need there will be to seek institutional accommodation, though the need will always remain for those in whom the degree of mental deficiency is severe.

General Hospitals

The general hospitals serving your district are given below. Their administration rests with the Leeds and Sheffield Regional Hospital Boards through the local hospital management committees.

Leeds Regional Hospital Board:

1. Clayton Hospital, Wakefield.
2. General Hospital, Wakefield.
3. Leeds General Infirmary.

Sheffield Regional Hospital Board:

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.

Infectious Diseases Hospitals

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

Maternity Hospitals

Maternity cases were usually admitted to the following hospitals:

1. The St. Helen Hospital, Barnsley.
2. Pindar Oaks Maternity Home, Barnsley.
3. Manygates Hospital, Wakefield.
4. Hallamshire Maternity Home, Chapeltown.

The services of the Jessop Hospital, Sheffield, and the Maternity Hospital, Leeds, were also available for abnormal obstetric cases.

Tuberculosis Scheme

The close link between the Chest Centre and the Health Department was maintained throughout the year. The Tuberculosis Visitor was again the main co-ordinating link, for through her work at the Chest Centre she learned of the clinical problems of the patient and by her visits to the home was able to relate them with the problems of prevention peculiar to the family. The checking of contacts and search for the source of infection ever a difficult and arduous task, went on while the patient received treatment, and advice was given to the family on the measures to be taken to prevent the spread of infection. In this way the disease and the patient were considered together and an even balance was struck between cure and prevention to the detriment of neither.

After-care arrangements included extra-nourishment, where recommended by the Chest Physician, in the form of a free milk allowance, and bed, bedding and other equipment were loaned to patients where necessary to help in the preventive measures in the home.

The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below:

Tuesday,	10.0.a.m. to 12.0.noon.(children)
Wednesday,	10.0.a.m. to 12.0.noon.
Wednesday,	2.0.p.m. to 4.0.p.m.
Thursday,	10.0.a.m. to 12.0.noon.
Friday,	10.0.a.m. to 12.0.noon.

Venereal Diseases

The nearest centre for Cudworth patients for the diagnosis and treatment of venereal diseases is in Barnsley.

Address: Special Treatment Centre,
Queen's Road,
BARNSLEY.

Other centres are situate in Sheffield, Rotherham and Wakefield, and a patient is at liberty to attend at the centre of his choice. Treatment is completely confidential.

Ambulance Service

Each succeeding year sees the demands on the ambulance service grow and last year was no exception to the rule. While the stretcher-case figure remains relatively unchanged the out-patient traffic was heavier and 24,000 more out-patients were carried than in 1952. The increase, while making severe demands on the service and its organisation, was accomplished without any increase in either the vehicle strength or personnel establishment.

Certain improvements in the service, very necessary from the patient's viewpoint, were made; for example the waiting time in the out-patient departments for return ambulances was cut and the discharges from hospital by ambulance were speeded up. Almost the whole of the ambulance service is devoted to hospital work in one form or other and it should be appreciated that by far and away the largest number of authorisations for ambulances are given by members of the hospitals' staffs. It is obvious therefore that the closest liaison must exist between the ambulance service and the hospital staffs, and to this end the Regional Hospital Board encourages each hospital to appoint a hospital ambulance officer. Only when the co-operation between ambulance and hospital authorities is uniformly good throughout the area will the ambulance service operate at its maximum efficiency and economy.

Home Nursing

Last year the Home Nurses made 2,745 visits to patients in the district as compared with 2,440 visits in the previous year. The increase in the number of visits was not caused by an increase in the amount of sickness but by the increased demands made on the service by the family doctors. That such demands could be met was made possible by an increase in the home nursing establishment and the provision of an adequate relief system.

The scope of the home nursing service has widened and the effect of the expansion was seen last year when more calls for nursing attention to patients suffering from acute illnesses were received than was usual in the past. The limit of the service has by no means been reached and I fully expect the demands on the service will steadily increase in the next few years with the scope and variety of the patients nursed ever widening. Home Nursing does not replace hospital treatment but is complementary to it and does materially help hospital bed accommodation especially when used in conjunction with the home help scheme. Throughout the year there existed a close liaison, through the almoner service, between the hospitals and the health department, with the result that it was possible to discharge patients from hospital, particularly those recovering from operation, sooner than would have been the case if the home nursing service had not been so fully developed. The need also for some of the chronic sick being admitted to hospital was removed because of the availability of a home nurse and a suitable home help.

Nursing in the home is to be encouraged and not discouraged, hospitals are necessary for many illnesses but the aim should always be to treat a patient in his home and only admit to hospital when adequate treatment in the home is impossible. More often than not the main stumbling block to home nursing is inadequate housing accommodation and not inadequate means of treatment and as the housing situation improves so will the emphasis on home nursing become stronger. The family doctor, with the help of the home nurse and domestic assistance, can more than cope with most illnesses and it will be for the benefit of the community if he is allowed and encouraged to do so.

Home Helps.

The aims and organisation of the service were unaltered and as in previous years the greatest need for assistance was found among the aged groups of the population who received, in total, over four-fifths of the available assistance. By following the principle of giving the minimum help to the maximum number all applicants got some household assistance even though it may not have been the optimum amount.

There is no doubt that the home help service has been a great boon to the people and particularly to the aged by helping them to overcome the difficulties of household management which inevitably increase with sickness and advancing years. But the service has its limitations and indeed if the service is to succeed as a welfare service it will need the unstinted voluntary co-operation from the healthy members of the community. The existing service is no substitute for either hospital nursing or hostel accommodation for it cannot provide a 24 hours service for those patients requiring constant care and attention. It does not provide relief for relatives who have to sit up all night with seriously ill dependants nor can it be expected to provide for those households who because of illness or grave domestic difficulties require a full-time housekeeper. The aged, with their increasing infirmities and immobility, require many attentions which the service is not wholly able to give; shopping and running errands, collection of pensions, help at bed-time and with meals. The scope for voluntary assistance to aged people has not lessened because of the home help scheme nor will it lessen in the future and a helping hand to the aged will ever be welcome and appreciated. It is a sound maxim that a shilling's worth of help is worth a pound of advice, the recognition of which is often the hallmark of a good neighbour.

Laboratory Service

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

Maternity and Child Welfare

The Maternity and Child Welfare Centre is situated in the St. George's Hall. The Infant Welfare Clinic is held each Wednesday with morning and afternoon sessions and the ante-natal clinic each Friday morning. The attendance at these clinics remained very high throughout the year and indeed the Cudworth clinics are perhaps the best attended clinics in the whole of my division. I doubt whether in the whole of the County Council area there is an ante-natal clinic with a better attendance record. Perhaps this year I may be allowed to refrain from further observations on the ante-natal clinic, to leave well alone so to speak, and concentrate my few remarks on the maternity and child welfare service on its infant welfare action.

It is well that from time to time we should ponder the true purpose of an infant welfare clinic for we can only estimate its value to the community by carefully considering whether it fulfills its purpose. Its function is to teach mothercraft, the instruction of a mother in infant management and care so that she is able to appreciate the various milestones in her baby's development and to recognise early and correct minor diatetic disorders. The fundamental purpose of the clinic is to prevent children becoming ill rather than to treat ailing children. The clinic is not in competition with the family doctor's surgery for the two have different functions, the one to prevent illness occurring and the other to treat illness already established. For a baby to require medical treatment can often be construed as an admission of failure by the parents to apply the principles of infant care or a failure on the part of the clinic to make these principles of infant care understood to parents. The more popular an infant welfare clinic is the more opportunity the clinic has to teach for the betterment of the health of the child population. I hope the results in Cudworth will be commensurate with the great opportunities the clinic undoubtedly has.

Infant Welfare Clinic - Attendances during 1953.

		No. of children who attended <u>during year.</u>	Total attendances <u>Under</u> <u>Over</u> <u>1 year.</u> <u>1 year.</u>	
St. George's Hall,	Wednesday,			
CUDWORTH.	10.a.m. to			
Dr. M. Scott	12.0. noon	532	4,234	3,298
	2.0.p.m. to 4.0.p.m.			

Ante-Natal Clinic - Attendances during 1953.

		<u>No. of women who attended during the year.</u>	<u>Total number of attendances made by women during the year</u>
St. George's Hall, CUDWORTH. Dr. M. Scott.	Friday, 9.30.a.m. to 12.0. noon.	171	919

Post-Natal examinations: 52.

SCHOOL HEALTH SERVICES

Routine School Medical Inspections were carried out by Dr.S.G.A.Henriques at the undermentioned schools:

Cudworth Pontefract Road Infants' School.
Cudworth Pontefract Road Junior Mixed School.
Cudworth Snydale Road Junior Mixed School.
Cudworth St. Mary's Roman Catholic School.
Cudworth Secondary Modern Girls' School.
Cudworth Secondary Modern Boys' School.

Summary of Defects found:

<u>School visited</u>	<u>No. of children examined</u>	<u>Ocular</u>	<u>E.N.T.</u>	<u>Heart</u>	<u>Lungs</u>	<u>Ortho- paedic</u>	<u>Others</u>	<u>No. passed for Treatment</u>
Pontefract Road Infants	130	7	21	3	6	2	15	13
Pontefract Road Junior Mixed	220	90	24	3	7	4	32	85
Snydale Road Junior Mixed	291	89	15	4	7	7	41	93
St. Mary's R.C.	138	52	13	4	8	-	17	53
Secondary Modern Girls'	79	13	4	-	-	-	6	16
Secondary Modern Boys	69	16	5	1	1	-	1	17
	927	267	82	15	29	13	112	277

CLINICS

School Clinics

	No. of individual attendances in <u>1953.</u>	<u>Total attendances</u>
St. George's Hall, CUDWORTH. (2 Clinics per month)	228	411

Specialist Clinics:

1. Ophthalmic Clinic: (1 Clinic per week)

Mr. N. L. McNeil, M.B., D.O.M.S., Ophthalmologist.

No. of children examined in 1953	218
No. of children seen for the first time	61

2. Orthopaedic Clinic: (1 Clinic per month)

Mr. T. L. Lawson, F.R.C.S., Orthopaedic Surgeon.

No. of children examined	43
Total attendances	64
No. of appliances ordered	12
No. of appliances obtained	11

3. Ear, Nose and Throat Clinic :(1 Clinic per month)

Mr. W.L. Rowe, F.R.C.S., E.N.T. Surgeon.

No. of children examined	21
Total attendances	41
No. of children referred for removal of tonsils and adenoids	2
No. of children who received operative treatment	6

4. Paediatric Clinic: (1 Clinic per month)

Dr. C.C. Harvey, M.D., M.R.C.P., Paediatrician.

No. of children examined	38
Total attendances... ..	43

Special Clinics:

1. Child Guidance Clinic.

Dr. M. M. MacTaggart, M.A., B.Ed., Ph.D. Educational Psychologist.

No. of children examined	20
Total attendances... ..	33

2. Speech Therapy Clinic: (1 Clinic per week)

Dr. P. J. Battye, L.C.S.T., Speech Therapist.

No. of children seen	...	...	...	...	...	...	9
Total attendances...	...	...	...	...	...	...	147

3. Sun-Ray Clinic: (2 sessions per week)

No. of children attending	...	...	...	...	...	...	39
Total attendances...	...	...	...	...	...	...	399

4. Minor Ailment Clinic:

No. of sessions held	...	...	...	...	...	...	45
No. of children found to have defects	..	...	...	...	...	...	170
No. of children treated	.	...	...	...	...	...	169

SANITARY CIRCUMSTANCES OF THE AREA

Housing

The number of inhabited houses in the district at the end of the year was 2,502. 37 new houses were completed last year of which 32 were built by your Council. A more detailed analysis of the housing situation is given in the report of the Sanitary Inspector.

Water Supply

The Council's water supply is obtained from the Barnsley County Borough Reservoirs at Ingbirchworth and Midhope, near Penistone. The supply was sufficient in quantity throughout the year and was regularly tested for purity by the County Borough.

GENERAL EPIDEMIOLOGY

<u>Notifiable disease other than Tuberculosis</u>	<u>Number notified</u>	<u>Admitted to Hospital</u>	<u>Deaths</u>
Scarlet Fever	13	12	-
Measles	94	3	1
Whooping Cough	2	-	-
Pneumonia	12	7	2
Erysipelas... ..	2	1	-
Poliomyelitis	-	-	-
Meningococcal Infections ...	-	-	-
Dysentery	-	-	-
Food Poisoning	5	2	-

The following Table gives the age distribution of cases
of Infectious Diseases notified during the Year.

<u>Notifiable Disease</u>	<u>Under 1 yr.</u>	<u>1-4</u>	<u>5-14</u>	<u>15-24</u>	<u>25-44</u>	<u>45-64</u>	<u>65 & over</u>
Scarlet Fever	-	5	7	1	-	-	-
Whooping Cough	-	2	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-
Measles	11	64	19	-	-	-	-
Pneumonia	-	-	3	-	4	3	2
Erysipelas... ..	-	-	-	-	-	-	2
Food Poisoning	1	1	1	-	2	-	-

Scarlet Fever

13 cases of Scarlet Fever were notified last year as against 16 in the previous year. Of the 13 cases, 12 were admitted to hospital more because of the difficulties of nursing and isolation at home than because of the severity of the illness. In general the disease was of a mild nature, there were no deaths and no serious complications.

Measles

There were 94 cases of Measles notified last year as compared with 187 cases in 1952. The illness generally ran an uneventful course and the incidence of complications was small though there was one death in an infant aged 10 months.

Whooping Cough

Only 2 cases of Whooping Cough were notified last year as against 40 in 1952. Immunisation against the disease was offered throughout the year at the clinics and more and more parents accepted this well worth-while protection for their babies.

Smallpox and Diphtheria Prophylaxis

Smallpox for very many years and Diphtheria in recent years have not made their presence felt in Cudworth for which we must all be thankful. Neither diseases, however, have been entirely eliminated from the country and each succeeding year sees an outbreak of one or the other or even both in some part of the land causing, at least, in the case of Smallpox much mental perturbation among the population and no little dislocation of the community life. It is indeed strange that, when the means of prevention of both diseases are within the grasp of all, parents remain loath to accept vaccination and immunisation for their children. Primary vaccination in adults is perhaps not without complications or ill effects and that is why it is so important to accept vaccination in infancy when constitutional disturbances are either absent or extremely mild. Last year only 5% of the babies under one year of age were vaccinated, a very low percentage indeed and one which must be improved as quickly as possible.

For almost 100 years and until 1948 when the Vaccination Orders were repealed, vaccination of infants was compulsory though there was an escape clause in the legal enactments for parents who objected to vaccination on conscientious grounds. The repeal of the Vaccination Orders was followed by a serious decline in infant vaccination, a decline which I think proved that compulsion without appreciation, even though the compulsion be of long standing, leaves no lasting impression and when removed tends to have the opposite effect of what is intended. Smallpox is a forgotten disease in most parts of the land but the danger of its recurrence undoubtedly persists. How to make parents appreciate the danger is one of the problems of the health department and one, which no matter how disappointingly slow the response, must ever receive attention and effort.

The problem of diphtheria immunisation is not so severe for the disease in its virulent form is within the memory of most parents. The immunisation statistics for last year showed that 62.9% of all children in the district between the ages of 0 - 14 years were immunised with 78.1% of the children in the age group 0 - 4 years and 57.4% of the children in the age group 5 - 14 years protected. The percentage immunised of the pre-school population is good, but there is room for improvement in the immunisation state of the school-children.

Food-Poisoning

Five cases of food poisoning were reported last year with 2 patients admitted to hospital for treatment. Such a small incidence of food poisoning, though it is probable that there were more cases who either were not notified or whose symptoms were so mild as not to warrant medical attention, seems barely worthy of much consideration in this report. The general problem of food poisoning certainly, however, merits our keenest attention for in recent years the incidence throughout the country has risen very steeply and more and more outbreaks involving an ever larger number of people continue to be reported.

Food poisoning, especially during large outbreaks, attracts a good deal of publicity and it is a pity that food hygiene does not get an equal amount, for food poisoning is but one facet of food hygiene and the part must always be considered in relation to the whole. The public must recognise that the measures taken to ensure that food is prepared and sold only under hygienic conditions are essential public health measures and they must set within their own homes as high a standard of food hygiene as they should expect and demand in shops, restaurants and canteens. Food hygiene is so largely a matter of personal hygiene, thoughtful rather than thoughtless behaviour in personal habits and cleanliness. Clean food demands clean habits, surely not an unreasonable demand in this enlightened age.

Tuberculosis

12 new cases of Tuberculosis were notified during the year, 10 of whom had Pulmonary lesions. There was one death from Pulmonary Tuberculosis.

Tuberculosis - Record of Cases during 1953.

	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
No. of cases on Register at 1st January, 1953	17	24	2	-
No. of cases notified for the first time				
during the year	4	6	2	-
No. of cases restored to register	-	-	-	-
No. of cases added to register other-wise than by notification	-	-	-	-
No. removed to other districts	1	1	-	-
No. cured or otherwise removed from register...	2	-	1	-
No. died from disease	-	1	-	-
No. died from other causes	-	-	-	-
Total at end of 1953	18	28	3	-

Tuberculosis - New Cases and Mortality in 1953.

<u>Age Periods</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>Pulmonary</u>	<u>Non-Pulmonary</u>	<u>Pulmonary</u>	<u>Non-Pulmonary</u>
0 - 1	-	-	-	-
1 - 5	-	-	-	-
5 - 10	-	-	-	-
10 - 15	-	1	-	-
15 - 20	1	-	-	-
20 - 25	4	-	-	-
25 - 35	4	-	-	-
35 - 45	-	1	-	-
45 - 55	-	-	-	-
55 - 65	-	-	1	-
Over 65	1	-	-	-
TOTALS... ..	10	2	1	-

REPORT OF THE SANITARY INSPECTOR FOR YEAR 1953.

The Medical Officer of Health and the Chairman and
Members of the Cudworth Urban District Council.

Gentlemen,

The following is a tabulated statement showing the work carried out by the Sanitary Inspector during 1953.

Total number of inspections made for nuisances only.....	54
Nuisances in hand at end of 1952.....	11
Nuisances found in 1953.....	134
Total Nuisances needing abatement.....	145
Nuisances abated during 1953.....	124
Nuisances outstanding end of 1953.....	21
Notices served, informal.....	134
Notices served, statutory.....	15
Informal and statutory notices complied with.....	137
Legal proceedings.....	2

TENTS, VANS, SHEDS ETC.

During the year there were two caravans permanently stationed in the area.

DRAINAGE AND SEWERAGE

During the year there were sewer extensions to meet the new housing erections on the Darfield Road Estate.

A private sewer serving 13 to 47 Darfield Road had to be reconstructed owing to mining subsidence. The cost of reconstruction is to be borne equally between the National Coal Board and the Cudworth Urban District Council.

There are 61 dwelling-houses not connected to a public sewer, an addition of 4 dwellings above 1953. No public sewer is available for these dwelling-houses to drain to. They are served by cesspools, and the responsibility for emptying remains with the users.

CLOSET ACCOMMODATION

No. of privies with covered middens or ashpits.....	16
No. of pail closets.....	8
No. of chemical closets.....	5
No. of pedestal water closets.....	2,732

TOTAL NO. CLOSETS 2,761

PUBLIC CLEANSING

With the exception of cesspool emptying, the Council has continued to remove the whole of the household refuse. There is a weekly collection from each premises.

WATER SUPPLY

All dwelling-houses in the Council's area are provided with a water supply inside the premises. There are now 2,516 dwellings.

During 1953 there were extensions of the Council's water mains into the Darfield Road Housing extension.

Four samples of water were collected for metallic examination during the year. Each sample was satisfactory.

MILK SUPPLY

16 Samples of milk were submitted to the Public Analyst during 1953 under the Food and Drugs Act. All were certified to be genuine milk.

6 informal samples of milk used by self-suppliers were sent to the Public Health Laboratory. All were satisfactory.

1 sample of dried milk was sent to the Public Health Laboratory at the request of a Cudworth parent. The report on the sample was satisfactory.

The types of licences in force in the district relating to milk are 3 supplementary licences to sell pasteurised milk, 2 supplementary licences to sell tuberculin tested milk, and 14 licences to retail sterilised milk by shopkeepers (known as Dealers Licences).

ICE CREAM

There are no ice cream manufacturing premises in the Council's area. There are 18 shopkeepers registered as sellers of ice cream.

In 1953 two samples of ice cream were submitted to the County Public Health Laboratory. Both samples were satisfactory.

MEAT AND FOOD INSPECTION

Private slaughterhouses continued to be closed during the whole of 1953, meat being distributed by the Ministry of Food from the Public Abattoir at Barnsley.

153 lbs. of processed meats and 21 articles of pre-packed foods of varying types were certified to be unsound during 1953.

OTHER FOODS

There are 8 bakehouses in the area, 9 visits were made to them during 1953.

There were 29 visits to grocers and general food shops.

There are 11 fried fish shops to which 8 visits were made during 1953.

SWIMMING BATHS

During the year the open-air swimming pool in the Miners Welfare Park was provided with continuous chlorination, filtration and water heating plant and the pool was re-opened at Whitsuntide after having been closed on public health grounds for 15 years.

BYE-LAWS IN FORCE

Mortuary dated 1.10.34.

Improvement Area dated 28.11.34.

Nuisances and keeping of animals 7.11.34.

New Streets and Buildings 24.8.53.

HOUSING MATTERS

There are no up-to-date figures for statutory overcrowding and no case was reported to the Sanitary Inspector by owner or occupier.

During the year the Council provided 32 permanent type houses and private enterprise (owner-occupier) provided 5 new houses.

HOUSING ACT 1949

Although the Council considered the Housing Act 1949 and its bearing on the dwelling-houses in the district no appreciable progress was made toward improving existing "Two-up" and "Two-down" types of dwellings.

PREVENTION OF DAMAGE BY PESTS ACT 1949

During the year 29 investigations were made in relation to 25 infestation of rodents.

SUMMARY OF VISITS MADE BY THE SANITARY INSPECTOR IN 1953.

Under the Public Health Acts.....	395
Re-visits under the Public Health Acts.....	148
Under the Housing Act.....	57
Milk retailing premises.....	16
Destruction of Pests Act.....	29
Bakehouses.....	9
Fish frying premises.....	8
General food shops.....	29
Visits re infectious diseases.....	13
Fumigation after infectious disease.....	2
Drainage systems dealt with.....	31
Milk samples under the Food and Drugs Act.....	16
Informal Milk samples to Public Health Laboratory.....	6
Examination of dried milk by P.H.Laboratory for parent.....	1
Shops Act.....	1
Factory Act.....	1
On behalf of the Housing Committee.....	974
On behalf of other Authorities.....	2
On behalf of the Medical Officer of Health.....	6
Water samples for laboratory examination.....	4
Disposal of the destitute dead.....	1
School Canteens.....	3

Yours faithfully,

MAURICE BENNETT.

Sanitary Inspector.

ADDITIONAL INFORMATION REQUIRED BY THE MINISTRY OF HEALTH IN CIRCULAR 1/54 DATED
12TH JANUARY, 1954.

Bakers.....	8
Fish friers.....	10
Cafes.....	3
Butchers.....	10
Chemists.....	2
Greengrocers.....	13
Grocer.....	26
Other general shops.....	12
<u>TOTAL</u>	<u>84 shops retailing foods.</u>

Number of premises preparing preserved foods 10.

(All the above are registered under Sec. 14 F & D. 1938)

(For ice cream registrations see tabular statement under "ICE CREAM")

(For milk retailers see under "MILK SUPPLY" in tabular statement)

The method of disposal of condemned foodstuffs is by disposal at the Council's refuse disposal tipping spaces.

